

**PROFESSIONAL LICENSURE DIVISION[645]**

**Notice of Intended Action**

**Proposing rule making related to remote medical sites  
and providing an opportunity for public comment**

The Board of Physician Assistants hereby proposes to amend Chapter 327, “Practice of Physician Assistants,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code sections 147.76 and 148C.5.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapters 147, 148, 148C and 272C.

*Purpose and Summary*

The proposed amendment changes the care coordination between the supervising physician and the physician assistant working at a remote medical site to include electronic communication that will provide real-time patient assessment and treatment. In accordance with Iowa Code section 148C.5, the Board of Physician Assistants is amending its administrative rules in conjunction with the Board of Medicine (**ARC 3992C**, IAB 9/12/2018). The amendment is intended to reduce the number of waiver requests to improve administrative efficiency. This rule making is required to comply with Iowa Code sections 147.80 and 148C.5.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

A waiver provision is not included in this rule making because all administrative rules of the professional licensure boards in the Division of Professional Licensure are subject to the waiver provisions accorded under 645—Chapter 18.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Board no later than 4:30 p.m. on December 11, 2018. Comments should be directed to:

Susan Reynolds  
Professional Licensure Division  
Iowa Department of Public Health  
Lucas State Office Building  
Des Moines, Iowa 50319-0075  
Email: [susan.reynolds@idph.state.ia.us](mailto:susan.reynolds@idph.state.ia.us)

*Public Hearing*

A public hearing at which persons may present their views orally or in writing will be held as follows:

December 11, 2018  
7:30 to 8 a.m.

Fifth Floor Conference Room 526  
Lucas State Office Building  
Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making. In an effort to ensure accuracy in memorializing a person's comments, a person may provide written comments in addition to or in lieu of oral comments at the hearing.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

Amend subrule 327.4(2) as follows:

**327.4(2) A** The supervising physician must visit a remote site or communicate with the physician assistant at the remote site via electronic communications to provide additional medical direction, medical services and consultation at least every two weeks or less frequently as specified in special circumstances. When visits are less frequent than every two weeks in unusual or emergency circumstances, the board shall be notified in writing of these circumstances. For purposes of this rule, communication may consist of, but shall not be limited to, in-person meetings, two-way, interactive communication directly between the supervising physician and the physician assistant via the telephone, secure messaging, electronic mail, or chart review. At least one supervising physician must meet in person with the physician assistant at the remote medical site at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.